

A 96000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

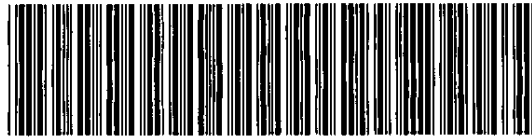
(Document Number)

Certified Copies _____ Certificates of Status _____

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M. MILLIGAN
EXAMINER

M. MILLIGAN
EXAMINER

JUN 29

JUN 29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Partington Family Limited Partnership No. 1
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

A96-11

Kimberly Kirk

Contact Person

Reynolds, Rappaport, Kaplan & Hackney, LLC

Firm/Company

106 Cooke Street, P.O. Box 2540

Address

Edgartown, MA 02539

City, State and Zip Code

kkirk@rrklaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Kirk

Name of Contact Person

at (508)

Area Code and Daytime Telephone Number

627-3711

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☒ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

Partington Family Limited Partnership No. 1

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

April 20, 2016

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

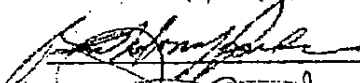
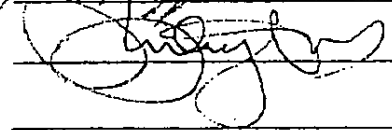
June 10, 2016

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$ 8.75

**CERTIFICATE OF DISSOLUTION
FOR**

The Partington Family Limited Partnership No. 1

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 01/02/1006, assigned Florida document number A96000000011, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

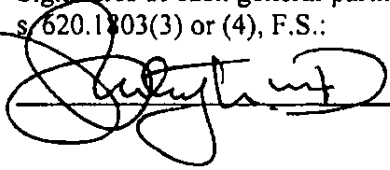
The partnership no longer holds any assets.

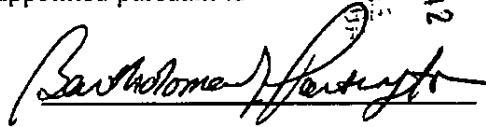
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1203(3) or (4), F.S.:





Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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2016 APR 20 A 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA